

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

State Attorney General's Office
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102

A. Signature

Deanna John Agent Addressee

B. Received by (Printed Name)

Deanna John C. Date of Delivery

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service

7006 0810 0001 9709 3399

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

docs 9+10

File 06/25/2008

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

07-6098 PJH(OSC)

- Sender: Please print your name, address, and ZIP+4 in this box •

